

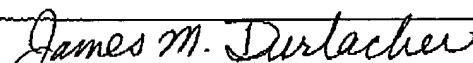
WEMMH/SB/21 (4/03)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number 10/629,799
		Filing Date July 29, 2003
		First Named Inventor Garry R. MARTY
		Group Art Unit 3753
		Examiner Name John A. Rivell
Total Number of Pages in this Submission 7		Attorney Docket Number 8271-26/ 115-3653-U

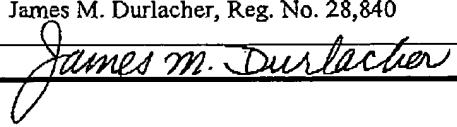
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	
Date	January 31, 2006

Certificate of Mailing

I hereby certify that this correspondence is being telefaxed to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 via Telefax No. 571-273-8300 on this date: January 31, 2006	
Typed or printed name	James M. Durlacher, Reg. No. 28,840
Signature	
Date	January 31, 2006

FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

Applicant claims small entity status. See 37 CFR 1.27
Total Amount of Payment (\$)
0

Complete if Known	
Application Number	10/629,799
Filing Date	July 29, 2003
First Named Inventor	Garry R. MARTY
Group Art Unit	3753
Examiner Name	John A. Rivell
Attorney Docket Number	8271-26/ 115-3653-U

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None Other (please identify): _____

Deposit Account: Deposit Account Number 23-3030 Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

See PTO 2038 Form

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION:

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$) Small Entity Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50 25

Multiple dependent claims

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
8	- 22 = 0	x 50	= (\$ 0)	Fee	Fee Paid (\$)

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

5	- 8 = 0	x 200	= (\$ 0)	360	\$ 0
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(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

-100 = - / 50 = (round up to a whole number) x =

0

4. OTHER FEE(S)

Non-English Specification.

Fee Paid (\$)

0

Other: Fee to Record Assignment _____

SUBMITTED BY:

Name (Print/Type):	James M. Durlacher	Registration No.: (Attorney/Agent)	28,840	Telephone:	(317) 634-3456
Signature:	James M. Durlacher			Date:	January 31, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type):	Sandra L. Stilz	Date:	January 31, 2006
Signature:	Sandra L. Stilz		

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8271-26:JMD:#361827

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 31 2006

In re patent application of:)
 Garry R. MARTY) Before the Examiner
 Serial No. 10/629,799)
 Filed July 29, 2003) John A. Rivell
 MULTI-PORT DIVERTER) Group Art Unit 3753
 VALVE ASSEMBLY WITH)
 INTEGRAL DETENT) January 31, 2006

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January 31, 2006

(Date of Deposit)

James M. Durlacher

Name of Registered Representative

James M. Durlacher
 Signature

January 31, 2006

(Date of Signature)

RESPONSE TO
FINAL OFFICE ACTION

Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450
 Box AF

Sir:

INTRODUCTORY COMMENTS

In response to the Final Office Action dated November 8, 2005, please enter the following amendments and remarks in the above-identified patent application.

Please provide any extensions of time which are required and charge any additional fees which may be due or credit any overpayments to Deposit Account No. 23-3030.

Response to Final Office Action
 Serial No. 10/629,799 Group Art Unit 3753
 Atty. Docket No. 8271-26/ 115-3653-U
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